

CRITERIA FOR PRIOR AUTHORIZATION**Use of Multiple Concurrent Benzodiazepines****PROVIDER GROUP** Pharmacy

MANUAL GUIDELINES The following drug requires prior authorization:

- Alprazolam (Xanax®)
- Alprazolam ER & XR (Xanax XR®)
- Chlordiazepoxide
- Clonazepam (Klonopin®)
- Clorazepate (Tranxene-T)
- Diazepam (Valium®) (Diazepam rectal gel not included)
- Estazolam
- Flurazepam
- Lorazepam (Ativan®)
- Oxazepam
- Quazepam (Doral®)
- Temazepam (Restoril®)
- Triazolam (Halcion®)

CRITERIA FOR PRIOR AUTHORIZATION FOR PATIENTS RECEIVING MULTIPLE BENZODIAZEPINES CONCURRENTLY:

- Three or more different benzodiazepines used concurrently within 30 days will require a prior authorization:
 - Peer-to-peer consult with health plan psychiatrist, medical director, or pharmacy director for approval
 - Patients with documented seizure diagnosis will automatically be approved

LENGTH OF APPROVAL: 6 months